

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.						
TOTAL CLAIMS	1					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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93						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	1					
TOTAL DEP.						
TOTAL CLAIMS	13					